CITY OF MO	NAME OF	PROGRA	AM:										Page of Page					
CDBG QCAI	KILKLI KLI OKI	Name of Reporting Person:												Period Covered: to				
	LIST NEW CLIENTS ONLY. ALL CLIENTS	INCOME INFORMATION RESIDENTS BLACK OR AMERICAN AMER. IND. OR AMER. IND. OR												NATIVE SINGLE				
	MAY ONLY BE LISTED AS NEW ONCE	GROSS CLASSIFICATION ¹				IN		BLACK OR	AFRICAN	INDIAN OR	ALASKA	ALASKA NAT.			HAWAIIAN/		CHECK IF	PERSON
(+)	DURING A FISCAL YEAR.	HOUSEHOLD	1	Check One)	HOUSEHOLD	HOUSEHOLD		AFRICAN	AMERICAN	ALASKA	NATIVE AND	AND BLACK OR		ASIAN AND	OTHER PAC.	BALANCE/	ALSO	HEADED
IF NEW CLIENT	CLIENT IDENTIFIER	INCOME	Very Low			SERVED	WHITE	AMERICAN	AND WHITE	NATIVE	WHITE	AFRI. AMER.	ASIAN	WHITE	ISLANDER	OTHER	HISPANIC	HOUSEHOLD2
			very Low								+							
(a)	(b)	(c)		(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(1)	(m)	(n)	(o)	(p)	(q)	(r)
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On the last pa			(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)	(q)	(r)	
		<i>a</i>																
		Totals			I													

Note 1:

Column (g) through (o) should total one of the following:

—Column (f) if you are counting Residents Served or

—1 Per Line if you are counting Households Served
If these do not match, please recheck your figures.

¹Very Low = 50% of median or less

Low = 80% of median or Federal capped income

Med = over 80% of median

Note 2:

Quarter 1—July - Sept.—Count ALL Clients—Once During That Quarter Quarter 2—Oct. - Dec.—Count ONLY NEW Client not yet reported.
Quarter 3—Jan. - Mar.—Count ONLY NEW Client not yet reported.
Quarter 4—Apr. - June—Count ONLY NEW Client not yet reported.

²Please identify gender of head of household M = male head of household

F = female head of household